

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F15088

1. Entity Name

FELNER DEVELOPMENT CORP.

Principal Place of Business

4236 PINE HOLLOW CIR.
GREENACRES FL 33463
US

Mailing Address

4770 TREE FERN DRIVE
DELRAY BEACH FL 33445-7005
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4236 PINE HOLLOW CIRCLE

Suite, Apt. #, etc.

City & State

GREENACRES, FLORIDA

Zip

Country

Zip

33463

Country

USA

4. FEI Number

59-2106014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELNER, JAY
4236 PINE HOLLOW CIR
GREENACRES FL 33463

7. Name and Address of New Registered Agent

Name JEFFREY S. FELNER

Street Address (P.O. Box Number is Not Acceptable)
4236 PINE HOLLOW CIRCLE

City

GREENACRES,

FL

Zip Code
33463

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FELNER, JAY	
STREET ADDRESS	4236 PINE HOLLOW CIR	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JEFFREY S. FELNER	
STREET ADDRESS	4236 PINE HOLLOW CIRCLE	
CITY-ST-ZIP	GREENACRES, FLORIDA 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY S. FELNER	
STREET ADDRESS	4236 PINE HOLLOW CIRCLE	
CITY-ST-ZIP	GREENACRES, FLORIDA 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90124 035 ***150.00



DO NOT WRITE IN THIS SPACE

03-20-2000 90124 035 ***150.00